# New York State Department of Health



**Creating Healthy Schools and Communities** 

Grantee Progress Report:
October 2015 - March 2018





Source: New York State Obesity Prevention Center for Excellence

Division of Chronic Disease Prevention
Bureau of Community Chronic Disease Prevention
Bureau of Chronic Disease Evaluation and Research

### **Creating Healthy Schools and Communities (CHSC)**

supports partnerships between schools, towns, cities and counties, in both rural and urban areas. CHSC helps to increase options for healthy, affordable foods and opportunities for daily physical activity for youth and adults. Innovative and evidence-based strategies are tailored to meet the unique needs of the places where people live, learn, work and play. CHSC offers residents the chance to have a higher quality of life now and in their future. This report illustrates progress from October 2015 through March 2018 the midpoint of the five-year initiative which ends in 2020.

## **CHSC Strategies**

Schools

- Assess, improve, and implement Local School Wellness Policies.
- Establish Comprehensive School Physical Activity Programs.
- Increase standards for competitive foods, including fundraising and classroom celebrations, and restrict food marketing.

Communities

- Increase healthier food and beverage options at small food retail venues.
- Implement food service guidelines and nutrition standards in worksites, hospitals, municipalities, and community based organizations.
- Adopt and implement Complete Streets policies or transportation plans in municipalities that support walking, biking, and wheeling.

WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD



### **Creating Healthy Schools and Communities:**

A Whole School, Whole Community, Whole Child Approach

- Five-year grant (2015-2020)
- 25 regional grantees working in 46 counties
- One Obesity Prevention Center for Excellence (OPCE)
- 80 high-need school districts
- 974 school buildings
- 245 surrounding communities
- 488,770 estimated student reach
- 4,609,621 estimated individual reach

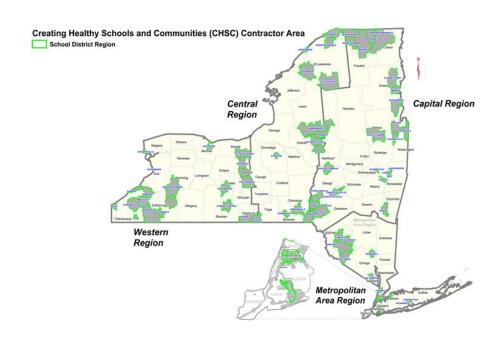
# **Evaluating for Success**

# Measuring the collective impact

Supporting and establishing enhanced policies and environmental supports in schools and communities demands a multi-year investment. From October 2015 through March 2018, Creating Healthy Schools and Communities grantees have completed baseline assessments, and provided extensive training and technical assistance on improving key policy elements and implementing strategies. Grantee reported quarterly progress at all of the locations where they have initiated work through a web-based performance monitoring system. This is a dynamic process that evolves from initiation to adoption, to implementation, and finally sustainability.

Beginning in the second half of 2018, follow-up assessments will be conducted. This phase will continue in 2019 and 2020 when pre/post analyses will occur to measure changes from baseline.

High-need school districts and communities: CHSC grantees are working in areas with higher rates of student obesity and free/reduced lunch eligibility, and lower levels of socioeconomic status and educational attainment.



# Obesity Prevention Center for Excellence (OPCE): Grantee Training and Technical Assistance

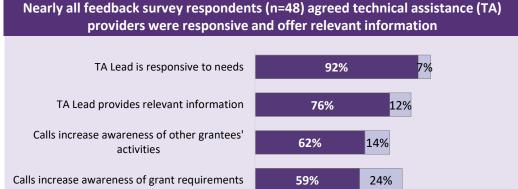
• The OPCE has responded to over 434 requests from grantees, developed over 65 types of implementation materials, and convened or supported over 99 training sessions, cluster calls, or learning webinars. The OPCE strengthens the CHSC collective impact by providing training; local, statewide, and national resources and subject matter expertise; and facilitating a collaborative learning community among grantees.

# Technical Assistance from OPCE

OPCE and New York
State Department of
Health (NYSDOH)
communicate with
grantees regularly
(monthly or bi-monthly
calls). On these calls,
OPCE asks about
ongoing challenges,
successes, and areas of
assistance. OPCE also
responds to specific
requests.



# Technical assistance request topics were evenly distributed across the objectives of the grant Community Food Access Communication/Collaboration School Physical Activity Food Service Guidelines School Nutrition/ Marketing School Wellness Policy Complete Streets Other Other



Note. Conducted by the New York State Obesity Prevention Center for Excellence

36%

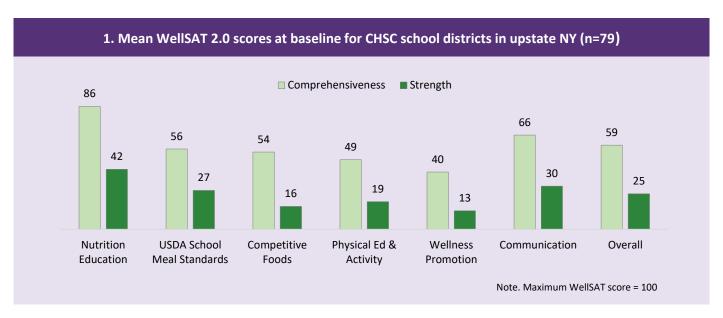
45%

■ Neither Agree or Disagree

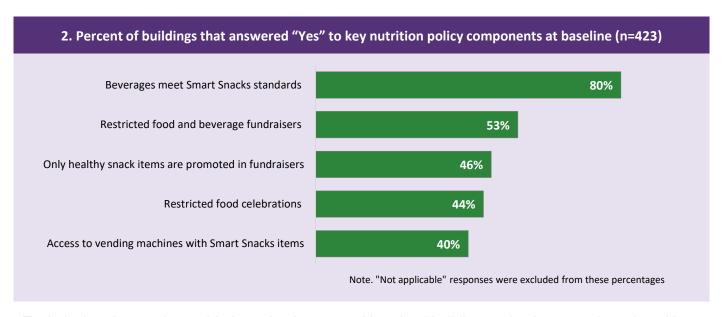
Calls meet a need for my org

■ Agree

# **Schools**

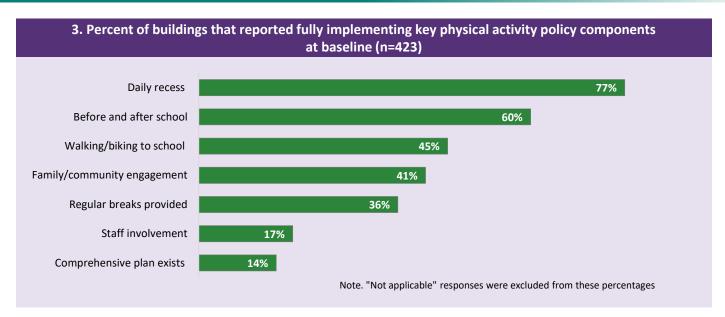


Local school wellness policies are defined by six categories receiving scores of 0-100 for comprehensiveness (the extent to which the policy contains recommended content areas) and strength (how strongly the content is stated). Seventy-nine districts have completed baseline assessments using the WellSAT 2.0 (Figure 1).



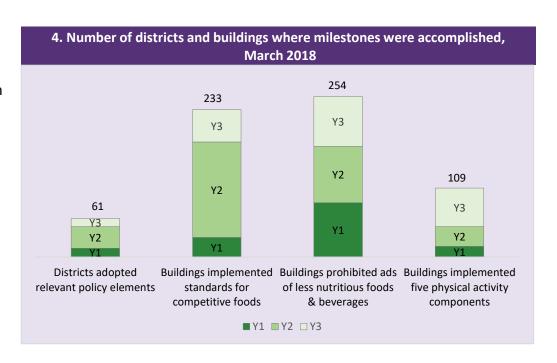
Technical assistance is provided to school personnel in school buildings to implement selected nutrition policy elements from the school wellness policies. A school building assessment is conducted at baseline to measure the extent to which policies have been implemented (Figure 2).

# **Schools**



Technical assistance is provided to school personnel in school buildings to implement Comprehensive School Physical Activity Program components from the school wellness policies. A school building assessment is conducted at baseline to measure the extent to which physical activity policies have been implemented (Figure 3).

Technical assistance and training is provided to administrators, classroom and PE teachers, and food service staff to develop district policies for competitive foods, food advertising, and physical activity. Policies are then implemented at school buildings (Figure 4).

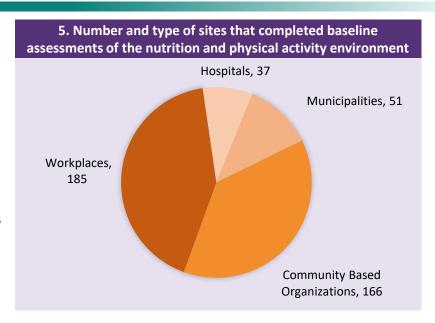


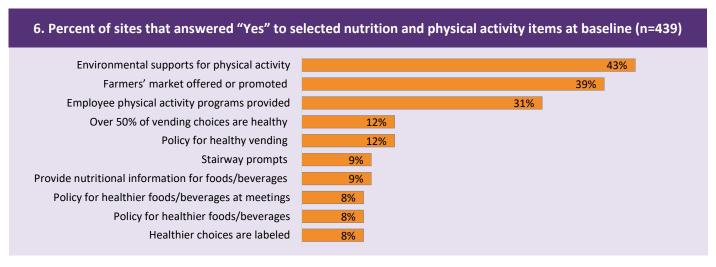
# Grantee Progress: Communities

Using a modified version of the CDC's Worksite Health Scorecard, grantees have conducted baseline assessments at community sites including workplaces, hospitals, municipalities and community based organizations (Figure 5).

The assessment identifies the existence of selected nutrition and physical activity items (Figure 6).

Grantees track the number of sites where milestones were accomplished (Figure 7).





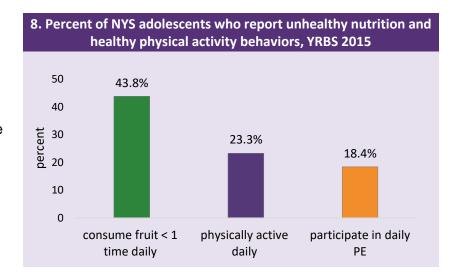


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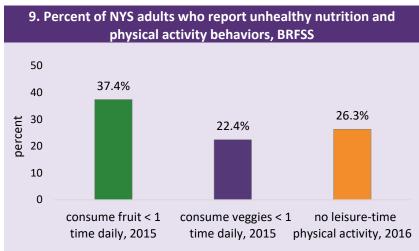
# **Statewide Data Collection**

# Monitoring with existing surveillance data sources

The Youth Risk Behavior Surveillance System (YRBS) monitors a variety of health risk behaviors in students in grades 9-12. In New York, 43.8% of students consume fruit less than 1 time per day, 23.3% engage in physical activity daily, and 18.4% participate in daily physical education (Figure 8).



The Behavioral Risk Factor Surveillance System (BRFSS) is a national system for collecting data on health related risk behaviors of U.S. residents. In New York, 37.4% of adults consume fruit less than one time per day, 22.4% consume vegetables less than one time per day, and 26.3% engage in no leisure-time physical activity (Figure 9).



The NYS Student Weight Status
Category Reporting System (SWSCR)
collects student weight data from all
public schools (outside of New York
City) in pre-K, Kindergarten and grades
2, 4, 7 and 10. In the 2014-16 period,
17.3% of students were obese. In 2016,
BRFSS shows 25.5% of adults were
obese (Figure 10).

